Form Approved. OMB No. 04-R0192

| DEPARTMENT OF TRANSPORTATION FEDERAL AVIATION ADMINISTRATION   |  | 1. PROJECT NO.                  |               |
|--|--|---------------------------------|---------------|
| SUMMARY OF PLANNING PROJECT COSTS  |  | 2. GRANT AGREEMENT CONTRACT NO. |               |
| The state of the s |  |                                 | ·             |
| 3. NAME OF SPONSOR 4. ADDRESS  | 5. PERIOD ENDING                           |                                 |               |
|  |  |                                 |               |
| 5. OFFICIAL NAME OF AIRPORT OR PLANNING 7. LOCATION AREA   | 8. MAXIMUM FEDERAL FUNDS                   |                                 |               |
|  | 5)   | \$                              |               |
| 9. COMPUTATION OF COSTS INCURRED TO DATE   |  |                                 |               |
|  |  | COST INCURRED TO DATE           |               |
| PROJECT WORK ELEMENTS  | TOTAL ESTIMATED COST (Asterisk if amended) | PER-                            |               |
| (A)  | (8)  | CENT<br>(C)                     | AMOUNT<br>(D) |
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| 10. CERTIFICATION OF SPONSOR'S AUTHORIZED REPRESENTATIVE   |  |                                 |               |
| I CERTIFY that the amounts shown as actual costs incurred to date are true and correct and are supported by my records. I FURTHER CERTIFY that work done to date is in accordance with the approved project scope and the provisions of the  |  |                                 |               |
| State agreement.   |  |                                 |               |
| A. DATE B. TITLE   | C. SIGNATURE                               |                                 |               |
|  | ## #D # D B                                |                                 |               |